

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 586447

7-18-06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		3				
9						
10	1		1			
11		1				
12		2				
13		1				
14		1				
15		1				
16		2				
17		2				
18		1				
19		1				
20		2				
21		1				
22	1		1			
23		1				
24	1		1			
25	1	1				
26		2				
27		1				
28		1				
29		1				
30		1				
31	1		1			
32		1				
33		1				
34		2				
35		1				
36		1				
37		1				
38	1		1			
39		2				
40		1				
41		1				
42		2				
43		1				
44		2				
45	1		1			
46		1				
47		2				
48		2				
49		1				
50		1				
TOTAL IND.			11			
TOTAL DEP.			39			
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						